

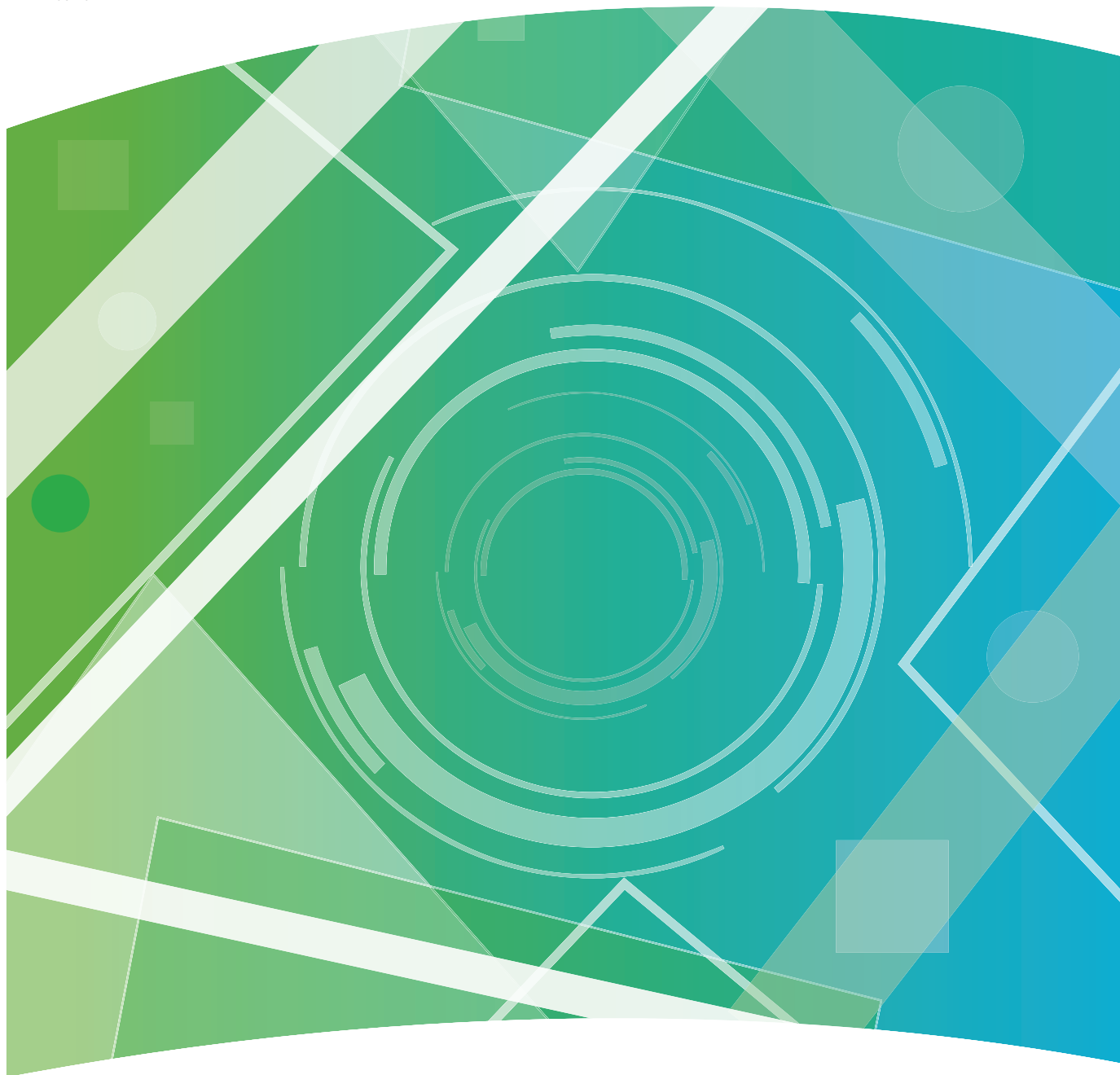
Health Insurance Coverage in the United States: 2018

Current Population Reports

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Introduction

Health insurance is a means for financing a person's health care expenses. While the majority of people have private health insurance, primarily through an employer, many others obtain coverage through programs offered by the government. Other individuals do not have health insurance coverage at all (see the text box "What Is Health Insurance Coverage?").

Year to year, the prevalence of health insurance coverage and the distribution of coverage types may change due to economic trends, shifts in the demographic composition of the population, and policy changes that affect access to care.

This report presents statistics on health insurance coverage in the United States in 2018 and changes in health insurance coverage between 2017 and 2018.^{1,2} The statistics in this report are primarily based on information collected in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), a survey conducted by the U.S. Census Bureau. State-level estimates are based on information from a second Census Bureau survey, the American

¹ For a discussion of the quality of CPS ASEC health insurance coverage estimates and measuring change over time with the CPS ASEC, see Appendix A.

² The Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CDBRB-FY19-POP001-0018.

Community Survey (ACS), which has a larger sample size that makes it well-suited for subnational levels of geography.

For the past several years, the Census Bureau has been engaged in implementing improvements to the CPS ASEC. These changes have been implemented in a two-step process, beginning with questionnaire design changes incorporated over the period of 2014 to 2016 and followed by more recent changes to the data processing system. This report is the first time health insurance coverage measures reflect both data collection and processing system changes. The 2017 and 2018 estimates used in this report are based on the updated processing system, and, therefore, the

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage during the calendar year for the civilian, noninstitutionalized population.* For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private insurance or public insurance.

Private Coverage

- Employment-based: Plan provided through an employer or union.
- Direct-purchase: Coverage purchased directly from an insurance company or through a federal or state marketplace (e.g., healthcare.gov).
- TRICARE: Coverage through TRICARE, formerly known as Civilian Health and Medical Program of the Uniformed Services.

Public Coverage

- Medicare: Federal program that helps to pay health care costs for people aged 65 and older and for certain people under age 65 with long-term disabilities.
- Medicaid: Medicaid, the Children's Health Insurance Program (CHIP), and individual state health plans.
- CHAMPVA or VA: Civilian Health and Medical Program of the Department of Veterans Affairs, as well as care provided by the Department of Veterans Affairs and the military.

Additionally, people are considered uninsured if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive. For more information, see Appendix A, "Estimates of Health Insurance Coverage."

* Comprehensive health insurance covers basic healthcare needs. This definition excludes single-service plans such as accident, disability, dental, vision, or prescription medicine plans.

2017 estimates may differ from those released in September 2018. See Appendix A for more information.³

Highlights

- In 2018, 8.5 percent of people, or 27.5 million, did not have health insurance at any point during the year. The uninsured rate and number of uninsured increased from 2017 (7.9 percent or 25.6 million) (Figure 1 and Table 1).⁴
- The percentage of people with health insurance coverage for all or part of 2018 was 91.5 percent,

lower than the rate in 2017 (92.1 percent) (Table 1).⁵

- In 2018, private health insurance coverage continued to be more prevalent than public coverage, covering 67.3 percent of the population and 34.4 percent of the population, respectively.⁶ Of the subtypes of health insurance coverage, employer-based insurance remained the most common, covering 55.1 percent of the population for all or part of the calendar year (Figure 1 and Table 1).
- Between 2017 and 2018, the percentage of people with public coverage decreased 0.4 percentage points. The percentage of people covered by Medicaid

decreased by 0.7 percentage points to 17.9 percent (Figure 1 and Table 1).⁷ The rate of Medicare coverage increased by 0.4 percentage points to 17.8 percent.^{8,9}

- The percentage of people with private coverage or any of the three subtypes of private coverage (employment-based, direct-purchase, and TRICARE) did not statistically change between 2017 and 2018.
- The percentage of uninsured children under the age of 19 increased by 0.6 percentage

³ Given the effect of the new health insurance questions introduced in 2014, the new relationship categories introduced in 2015–2016, and the 2019 implementation of an updated processing system, the CPS ASEC estimates in this report are not comparable to previously published estimates. See Appendix A for more details.

⁴ Infants born after the end of the calendar-year reference period are excluded from estimates in this report, with the exception of estimates of coverage at the time of interview.

⁵ All comparative statements in this report have undergone statistical testing, and comparisons are significant at the 90 percent confidence level unless otherwise noted.

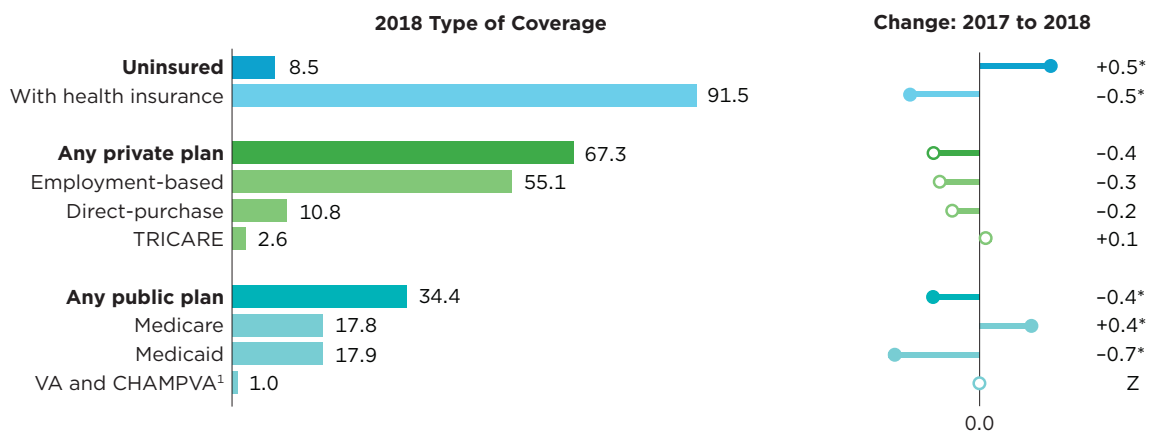
⁶ Some people may have more than one coverage type during the calendar year.

⁷ Throughout this report, details may not sum to totals because of rounding.

⁸ This increase was partly due to growth in the number of people aged 65 and over. Among those 65 years and older, the Medicare coverage rate did not statistically change between 2017 and 2018. However, the percentage of the U.S. population 65 years and older increased between 2017 and 2018.

⁹ In 2018, the percentage of people covered by Medicaid was not statistically different from the percentage covered by Medicare.

Figure 1. **Percentage of People by Type of Health Insurance Coverage and Change From 2017 to 2018** (Population as of March of the following year)



Z Represents zero or rounds to zero.

¹ Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

* Denotes a statistically significant change between 2017 and 2018 at the 90 percent confidence level.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

Table 1.

Number and Percentage of People by Type of Health Insurance: 2017 and 2018

(Numbers in thousands. Margins of error in thousands or percentage points as appropriate. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Coverage type	2017				2018				Change in number	Change in percent
	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	Number	Margin of error ¹ (±)	Percent	Margin of error ¹ (±)	2018 less 2017	2018 less 2017
Total	322,490	135	X	X	323,668	133	X	X	*1,178	X
Any health plan	296,890	622	92.1	0.2	296,206	641	91.5	0.2	-684	*-0.5
Any private plan ^{2,3}	218,209	1,129	67.7	0.3	217,780	1,222	67.3	0.4	-430	-0.4
Employment-based ²	178,751	1,106	55.4	0.3	178,350	1,283	55.1	0.4	-401	-0.3
Direct-purchase ²	35,499	704	11.0	0.2	34,846	647	10.8	0.2	-653	-0.2
Marketplace coverage ² ..	11,217	380	3.5	0.1	10,743	428	3.3	0.1	-474	-0.2
TRICARE ²	8,207	549	2.5	0.2	8,537	508	2.6	0.2	330	0.1
Any public plan ^{2,4}	112,151	928	34.8	0.3	111,330	962	34.4	0.3	-821	*-0.4
Medicare ²	56,170	361	17.4	0.1	57,720	401	17.8	0.1	*1,550	*0.4
Medicaid ²	59,814	892	18.5	0.3	57,819	891	17.9	0.3	*-1,995	*-0.7
VA or CHAMPVA ^{2,5}	3,229	188	1.0	0.1	3,217	182	1.0	0.1	-12	Z
Uninsured⁶	25,600	596	7.9	0.2	27,462	630	8.5	0.2	*1,862	*0.5

^{*} Changes between the estimates are statistically different from zero at the 90 percent confidence level.

X Not applicable.

Z Represents or rounds to zero.

¹ A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

² The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

³ Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

⁴ Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁵ Includes CHAMPVA, as well as care provided by the Department of Veterans Affairs and the military.

⁶ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

points between 2017 and 2018, to 5.5 percent (Table 2).

- Between 2017 and 2018, the percentage of people without health insurance coverage at the time of interview decreased in three states and increased in eight states (Figure 9 and Table 6).¹⁰

Calendar-Year Coverage in 2018

This report classifies health insurance coverage into three categories: over-all coverage, private coverage, and public coverage (see Text Box "What Is Health Insurance Coverage?"). In the CPS ASEC, people are considered to have coverage if they were covered by health insurance for part or all of the previous calendar year. This report also presents estimates of the

uninsured rate. People were considered uninsured if, for the entire year, they were not covered by any type of health insurance.¹¹

In 2018, most people (91.5 percent) had health insurance coverage at some point during the calendar year (Figure 1 and Table 1). That is, 8.5 percent of people were uninsured for the entire calendar year. More people had private health insurance (67.3 percent) than public coverage (34.4 percent).¹²

Employer-based insurance was the most common subtype of health insurance (55.1 percent), followed by Medicaid (17.9 percent), Medicare (17.8 percent), direct-purchase

insurance (10.8 percent), TRICARE (2.6 percent), and VA or CHAMPVA health care (1.0 percent) (Table 1).^{13, 14}

Direct-purchase insurance includes coverage obtained through a state or federal marketplace. In 2018, 3.3 percent of people, or 30.8 percent of people with direct-purchase insurance, obtained their coverage through a state or federal marketplace.

Change in Coverage Between 2017 and 2018

The percentage of people covered by any type of health insurance in 2018 was lower than the percentage in 2017. This decline appears to

¹¹ Infants born after the end of the calendar-year reference period are excluded from estimates in this report, with the exception of estimates of coverage at the time of interview.

¹² See text box "What Is Health Insurance Coverage?" for definitions of private and public coverage.

¹³ In 2018, the percentage of people with Medicare was not statistically different from the percentage of people with Medicaid.

¹⁴ The final category includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) coverage and care provided by the Department of Veterans Affairs and the military.

Coverage at the Time of Interview

Starting this year, the CPS ASEC includes two types of health insurance coverage measures: health insurance coverage during the previous calendar year and health insurance coverage at the time of the interview. The first measure, health insurance coverage at any time during the previous calendar year, is used throughout this report. The second measure captures coverage held at the time of interview (between February and

April). This information describes health insurance coverage in early 2019, not for the full calendar year.

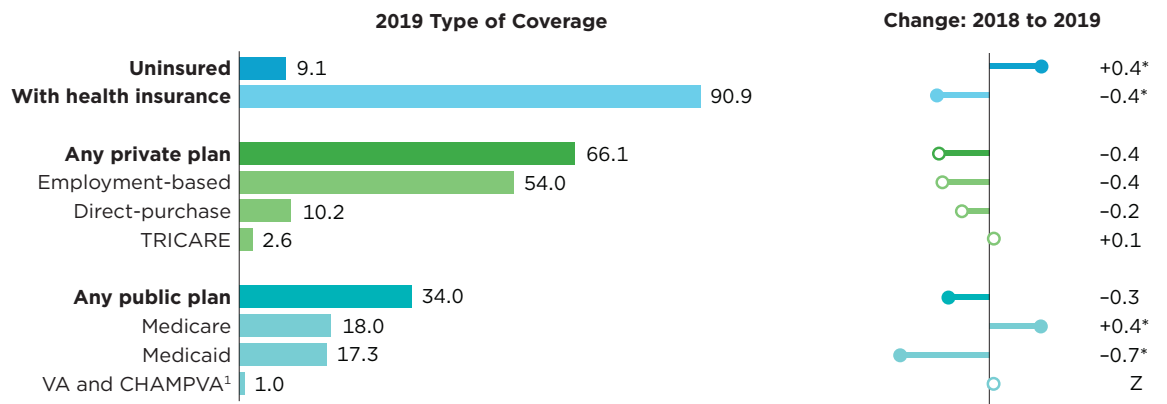
In early 2019, 90.9 percent of people had health insurance coverage at the time of interview, a 0.4 percentage-point decrease from early 2018. As the main measure of coverage in the CPS ASEC captures whether a person had coverage at any point in time

in the calendar year, estimates of current coverage tend to be lower than the calendar-year estimates.

Between early 2018 and early 2019, Medicaid coverage at the time of interview decreased by 0.7 percentage points, and Medicare coverage at the time of interview increased. No other subtype of coverage saw a statistically significant change during this time.

Figure 2. **Percentage of People by Type of Coverage at the Time of Interview and Change Between 2018 and 2019**

(Population as of March of the calendar year)



Z Represents zero or rounds to zero.

¹ Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

* Denotes a statistically significant change between 2018 and 2019 at the 90 percent confidence level.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

be driven by a 0.4 percentage-point decrease in public health insurance (Table 1). Medicaid coverage decreased by 0.7 percentage points between 2017 and 2018.¹⁵ The rate of Medicare coverage moved in the opposite direction, increasing by 0.4 percentage points. This increase was partly due to growth in the number of people aged 65 and over and not a change in Medicare coverage for adults in this age range.

The percentage of people covered by private health insurance, or any of its three subtypes (employment-based, direct-purchase, and TRICARE), did not statistically change between 2017 and 2018.

¹⁵ Unless otherwise stated, all changes correspond to the percentage-point difference in coverage rates between 2017 and 2018.

Health Insurance Coverage During the Calendar Year

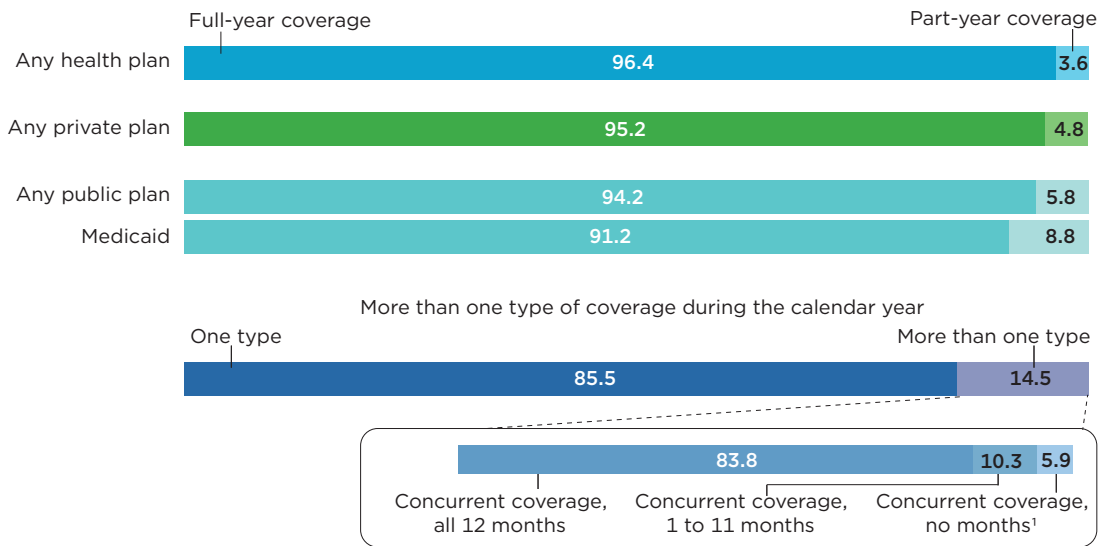
People may have health insurance coverage for part or all of the calendar year. Among the 296.2 million people covered at any point during 2018, most—96.4 percent—had health insurance coverage for all 12 months, while 3.6 percent had coverage for 1 to 11 months (Figure 3). That is, most people with coverage during 2018 had coverage throughout the entire calendar year. Similarly, the majority of people with private coverage (95.2 percent) and public coverage (94.2 percent) were covered for the entire calendar year. Only 4.8 and 5.8 percent of people with private and public coverage held that type of coverage for part of the year, respectively. Such

individuals held this type of coverage for 1 to 11 months during 2018.¹⁶

While most people have a single type of insurance, some people may have more than one type of coverage during the calendar year. They may have multiple types of coverage at one time to supplement their primary insurance type, or they may switch coverage types over the course of the year.

¹⁶ Some people may transition from one type of coverage to another type of coverage during the calendar year. For example, some people may switch from employer-based (which is private) to Medicare coverage (which is public) during the calendar year. Such people would be considered to have full-year overall coverage. However, they would have private coverage for part of the year and public coverage for part of the year. Therefore, the percentage with part-year private coverage and the percentage with part-year public coverage may not sum to the total with part-year overall coverage.

Figure 3.
Subannual Health Insurance Coverage: 2018
(Numbers in percents. Population as of March of the following year)



¹ This group had more than one type of coverage during 2018, but did not have concurrent coverage within any single month.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

Table 2. Percentage of People by Type of Health Insurance Coverage by Age: 2017 and 2018

(Numbers in thousands. Margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																			
	2017		2018		Any health insurance				Public health insurance ⁴				Uninsured ⁵							
	2017		2018		2017		2018		2017		2018		2017		2018					
	Number	Per- cent	Number	Per- cent	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)				
Total	322,490	92.1	323,668	91.5	0.2	67.7	0.3	67.3	0.4	-0.4	34.8	0.3	34.4	0.2	7.9	0.2	8.5	0.2	*0.5	
Age																				
Under age 65	271,424	90.8	270,881	90.0	0.2	70.3	0.4	70.2	0.4	-0.1	23.6	0.3	22.8	0.3	9.2	0.2	10.0	0.2	*0.7	
Under age 19 ⁶	77,487	95.0	77,333	94.5	0.3	61.6	0.6	61.8	0.7	0.2	37.0	0.6	35.7	0.7	5.0	0.3	5.5	0.3	*0.6	
Aged 19 to 64	193,937	89.0	193,548	88.3	0.3	73.8	0.4	73.5	0.4	-0.2	18.3	0.3	17.6	0.3	11.0	0.2	11.7	0.3	*0.8	
Aged 19 to 25 ⁷	29,811	86.3	29,297	85.7	0.6	70.0	0.8	69.9	0.9	-0.1	18.8	0.7	18.3	0.7	13.7	0.6	14.3	0.6	0.7	
Aged 26 to 34	40,222	86.0	40,768	86.1	0.5	70.4	0.7	71.3	0.8	1.0	18.5	0.6	17.5	0.6	14.0	0.5	13.9	0.5	Z	
Aged 35 to 44	40,662	88.6	41,027	87.5	0.5	75.0	0.6	73.7	0.6	*-1.2	16.3	0.6	16.2	0.5	11.4	0.4	12.5	0.5	*1.0	
Aged 45 to 64	83,242	91.7	82,455	90.7	0.3	76.1	0.5	75.8	0.5	-0.4	18.9	0.4	18.1	0.4	8.3	0.3	9.3	0.3	*1.0	
Aged 65 and older	51,066	99.0	52,788	99.1	0.1	53.7	0.8	52.4	0.7	*-1.3	94.2	0.3	94.1	0.3	1.0	0.1	0.9	0.1	Z	

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

¹ Details may not sum to totals because of rounding.

² A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

³ Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

⁴ Public health insurance includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁵ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

⁶ Children under the age of 19 are eligible for Medicaid/CHIP.

⁷ Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

In 2018, 14.5 percent of people with health insurance coverage, or 42.9 million people, had more than one type of health insurance coverage over the course of the year. Among this group, most people (83.8 percent) held more than one type of coverage in each month during the year, while 10.3 percent had more than one type within a single month for just part of the year (1 to 11 months). The remaining 5.9 percent held more than one type across the year, but did not have multiple types of coverage within any single month.

Health Insurance Coverage by Age

Age is strongly associated with the likelihood that a person has health insurance and the type of health insurance a person has. In 2018, adults aged 65 and over had the highest coverage rate (99.1 percent), followed by children under the age of

19 (94.5 percent) and adults aged 19 to 64 (88.3 percent) (Table 2).

In 2018, 94.1 percent of adults aged 65 and over were covered by a public plan (primarily Medicare), and 52.4 percent were covered by a private plan, which may have supplemented their public coverage. Between 2017 and 2018, the percentage of adults aged 65 and over with private coverage decreased by 1.3 percentage points. Their rates of overall health insurance coverage and public coverage did not statistically change during this time.

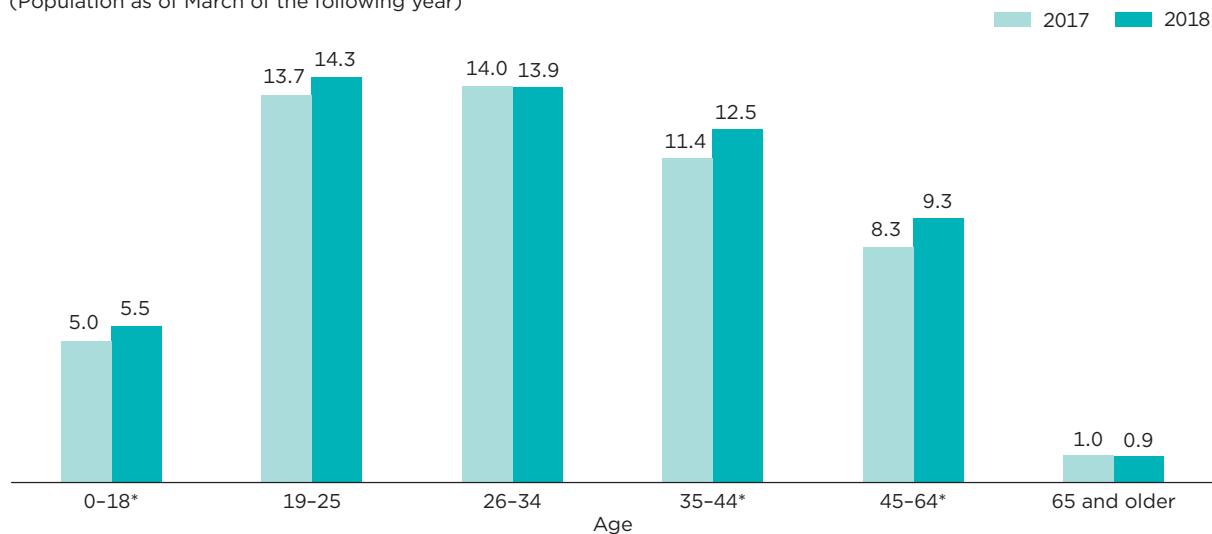
In 2018, children under the age of 19 had a lower overall coverage rate than adults aged 65 and over but a higher rate than adults aged 19 to 64. Children’s coverage is likely influenced by some children from lower income families being eligible for health coverage through programs such as Medicaid or the Children’s Health Insurance Program (CHIP),

and by some children receiving coverage through a parent or guardian’s health plan.¹⁷ In 2018, 61.8 percent of children under the age of 19 had private health insurance, and 35.7 percent had public coverage.

Unlike for adults 65 and older, between 2017 and 2018, the rates of overall health insurance coverage and public coverage decreased for children under the age of 19 and their rate of private coverage did not statistically change. For children, coverage overall decreased by 0.6 percentage points (to 94.5 percent), and public coverage declined by 1.3 percentage points (to 35.7 percent). The latter change was likely due to

¹⁷ The Children’s Health Insurance Program (CHIP) is a public program that provides health insurance to children in families with income too high to qualify for Medicaid, but who are likely unable to afford private health insurance.

Figure 4.
Percentage of People Uninsured by Age: 2017 and 2018
(Population as of March of the following year)



* Denotes a statistically significant change between 2017 and 2018 at the 90 percent confidence level.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <<https://www2.census.gov/programs-surveys/cps/techdocs/cps/cpsmar19.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

a 1.2 percentage-point decrease in Medicaid and CHIP coverage.¹⁸

Adults aged 19 to 64 had a lower rate of health insurance coverage in 2018 (88.3 percent) than both children and older adults. This group, in other

¹⁸ The percentage-point change in the overall rate of coverage for children was not statistically different from the percentage-point change in the rate of private coverage or the percentage-point change in the rate of Medicaid coverage. The percentage-point change in the rate of public coverage for children was not statistically different from the percentage-point change in the rate of Medicaid coverage.

words, had the highest uninsured rate of the three broad age groups examined, at 11.7 percent.

Adults aged 19 to 64 were nonetheless more likely than the other two broad age groups to be covered by private health insurance (73.5 percent). They were also less likely to have public coverage (17.6 percent).

The prevalence of health insurance and, therefore, the uninsured rate varied within the 19-to-64 age group.

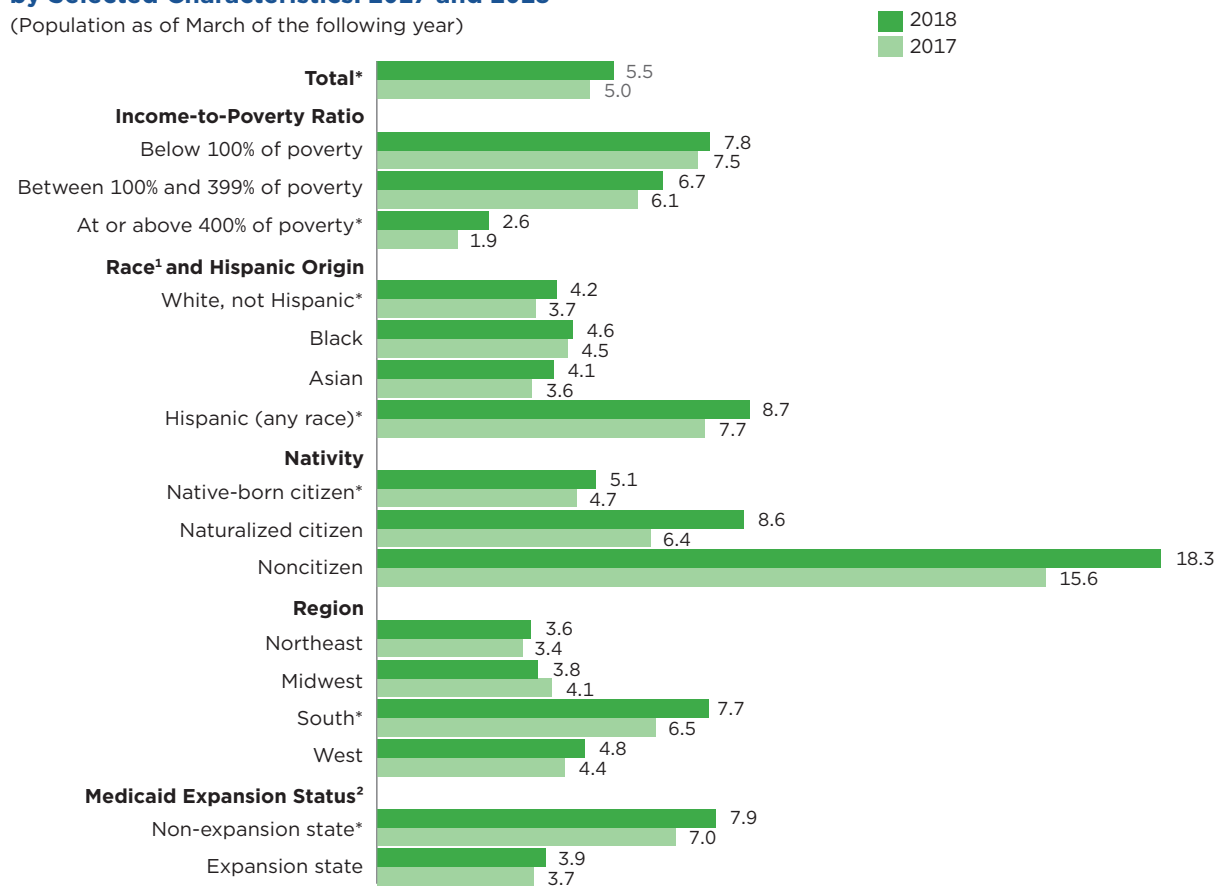
Among adults aged 19 to 64, the population aged 19 to 25 was among the most likely to be uninsured, with a coverage rate of 85.7 percent and an uninsured rate of 14.3 percent. In general, the uninsured rate decreased as age increased (Figure 4).¹⁹

Between 2017 and 2018, the uninsured rate increased by 1.0

¹⁹ The percentage of people aged 19 to 25 without health insurance coverage was not statistically different from the percentage of people aged 26 to 34 without coverage.

Figure 5. **Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2017 and 2018**

(Population as of March of the following year)



* Denotes a statistically significant change between 2017 and 2018 at the 90 percent confidence level.

¹ Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, Asian refers to people who reported Asian and no other race.

² Expansion status as of January 1, 2018. See Table 6: Number and Percentage of People Without Health Insurance Coverage by State: 2017 and 2018.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

percentage point for both adults aged 35 to 44 and adults aged 45 to 64 to 12.5 percent and 9.3 percent, respectively.²⁰ The percentage of people uninsured did not significantly increase or decrease for any other age group between the ages of 19 and 64.

Children Without Health Insurance Coverage

In 2018, 5.5 percent of children under the age of 19 did not have health insurance coverage, a 0.6 percentage-point increase from 2017. For many selected characteristics, the percentage of children (under 19 years of age) without health insurance coverage was significantly higher in 2018 than in 2017 (Figure 5). However, the change was not uniform across groups.

For example, the uninsured rate did not significantly change for children in either of the income-to-poverty categories for families with income less than 400 percent of poverty. However, it increased 0.7 percentage points for children living in families at or above 400 percent of poverty. In both years, the percentage of children without health insurance coverage decreased as the income-to-poverty ratio increased.

Other characteristics also reveal that the percentage of children without insurance and changes between 2017 and 2018 did not occur equally across groups. For example, children living in the South were more likely to be uninsured than children living in other regions in the United States.²¹ Between 2017 and 2018, their uninsured rate increased 1.2 percentage points to 7.7 percent. The uninsured rate for children did not statistically change for any other region.

Hispanic children were more likely to be uninsured than children from other races and non-Hispanic origin groups. Between 2017 and 2018, the uninsured rate increased 1.0 percentage point for Hispanic children and 0.5 percentage points for non-Hispanic Whites.²² Children in other racial groups did not experience statistical changes in their uninsured rate between 2017 and 2018.

Health Insurance Coverage by Selected Social and Economic Characteristics

The prevalence of health insurance coverage varies across certain social and economic characteristics. In 2018, individuals aged 15 to 64 with a disability were more likely to be insured (90.4 percent) than were individuals with no disability (88.5 percent) (Table 3).

People with a disability were less likely than people with no disability to have private health insurance coverage and more likely to have public coverage. In 2018, 44.7 percent of people with a disability had private coverage, compared with 74.9 percent of adults with no disability, a 30.2 percentage-point difference. At the same time, 53.9 percent of adults with a disability and 16.0 percent with no disability had public coverage, a 37.9 percentage-point difference.

Between 2017 and 2018, coverage decreased 1.1 percentage points for people with a disability and 0.7 percentage points for people with no disability. These decreases were not statistically different from one another. Public coverage decreased by 0.6 percentage points for adults with no disability, but did not statistically change for those with a disability.

For many adults aged 15 to 64, health insurance coverage is also related to work status, such as working full-time, year-round; working less than

full-time, year-round; or not working at all during the calendar year.²³

In 2018, 89.3 percent of all workers had health insurance coverage. Full-time, year-round workers were more likely to be covered by health insurance (90.5 percent) than the population working less than full-time, year-round (86.2 percent) or nonworkers (86.9 percent) (Table 3). Between 2017 and 2018, health insurance coverage rates for workers and nonworkers decreased by 0.8 percentage points and 0.7 percentage points, respectively. Coverage rates also declined 0.9 percentage points for both people who worked full-time, year-round and for people who worked less than full-time, year-round. These percentage-point decreases were not statistically different from one another.

Workers were more likely than nonworkers to be covered by private health insurance. In 2018, 85.1 percent of full-time, year-round workers and 68.5 percent of people who worked less than full-time, year-round had private coverage, compared with 51.3 percent of nonworkers.

Nonworkers, however, were more likely than workers to be covered by public health insurance. Specifically, in 2018, nonworkers were almost four times as likely to have public coverage (40.2 percent) than workers (11.1 percent). Among the latter group, 7.2 percent of people who worked full-time, year-round and 21.3 percent of people who worked less than full-time, year-round had public coverage.

Many adults obtain health insurance coverage through their spouse, and, therefore, health insurance coverage is related to marital status. In 2018, married adults aged 19 to 64 were more likely to be insured than any other

²⁰ The change for people aged 35 to 44 was not statistically different from the change for people aged 45 to 64.

²¹ For information about how the Census Bureau classifies regions, see <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

²² The change between 2017 and 2018 for non-Hispanic White children was not statistically different from the change for Hispanic children.

²³ In this report, a full-time, year-round worker is a person who worked 35 or more hours per week (full-time) and 50 or more weeks during the previous calendar year (year-round). For school personnel, summer vacation is counted as weeks worked if they are scheduled to return to their job in the fall.

Table 3. Percentage of People by Type of Health Insurance Coverage for Selected Ages and Characteristics: 2017 and 2018

(Numbers in thousands. Margins of error in percentage points. Population as of March of the following year. For information on confidentiality, protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																	
	2017		2018		Any health insurance ³				Public health insurance ⁴				Uninsured ⁵					
	2017		2018		2017		2018		2017		2018		2017		2018			
	Number	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	
Total	322,490	92.1	0.2	323,668	91.5	0.2	67.3	0.4	34.8	0.3	34.4	0.3	7.9	0.2	8.5	0.2	*0.5	
Total, 15 to 64 years old ..	211,093	89.4	0.2	210,794	88.7	0.3	72.8	0.4	19.3	0.3	18.8	0.3	10.6	0.2	11.3	0.3	*0.8	
Disability Status⁶																		
With a disability	15,683	91.6	0.6	15,438	90.4	0.7	44.7	1.2	53.5	1.1	53.9	1.1	8.4	0.6	9.6	0.7	*1.1	
With no disability	194,458	89.2	0.2	194,434	88.5	0.3	74.9	0.4	16.6	0.3	16.0	0.3	10.8	0.2	11.5	0.3	*0.7	
Work Experience																		
All workers	154,657	90.1	0.2	155,221	89.3	0.3	80.5	0.4	11.7	0.2	11.1	0.2	9.9	0.2	10.7	0.3	*0.8	
Worked full-time, year-round	109,932	91.4	0.2	111,950	90.5	0.3	85.1	0.4	7.6	0.2	7.2	0.2	8.6	0.2	9.5	0.3	*0.9	
Worked less than full-time, year-round	44,725	87.1	0.5	43,271	86.2	0.5	68.5	0.7	21.9	0.6	21.3	0.6	12.9	0.5	13.8	0.5	*0.9	
Did not work at least 1 week	56,436	87.5	0.5	55,573	86.9	0.4	51.3	0.8	40.2	0.7	40.2	0.7	12.5	0.5	13.1	0.4	*0.7	
Total, 19 to 64 years old ..	193,937	89.0	0.2	193,548	88.3	0.3	73.8	0.4	18.3	0.3	17.6	0.3	11.0	0.2	11.7	0.3	*0.8	
Marital Status																		
Married ⁷	102,487	92.3	0.3	101,805	91.7	0.3	82.4	0.4	13.2	0.3	12.6	0.3	7.7	0.3	8.3	0.3	*0.7	
Widowed	3,331	87.5	1.4	3,385	86.3	1.6	55.7	2.2	36.7	2.2	34.9	2.2	12.5	1.4	13.7	1.6	1.3	
Divorced	19,241	87.7	0.7	18,683	87.7	0.7	65.2	1.0	25.9	0.9	25.3	1.0	12.3	0.7	13.0	0.7	0.7	
Separated	4,249	81.4	1.5	4,200	80.1	2.0	53.6	2.3	31.1	1.9	29.7	1.8	18.6	1.5	19.9	2.0	1.3	
Never married	64,629	84.8	0.4	65,475	84.0	0.5	64.7	0.6	22.2	0.5	21.6	0.5	15.2	0.4	16.0	0.5	*0.8	
Total, 26 to 64 years old ..	164,126	89.5	0.2	164,250	88.7	0.3	74.4	0.4	18.2	0.3	17.5	0.3	10.5	0.2	11.3	0.3	*0.8	
Educational Attainment																		
No high school diploma	15,159	73.2	1.1	15,197	71.0	1.2	38.3	1.0	37.8	1.1	36.9	1.3	26.8	1.1	29.0	1.2	*2.2	
High school graduate (includes equivalency) ..	44,774	86.0	0.5	44,573	85.1	0.5	65.3	0.6	24.5	0.6	24.4	0.6	14.0	0.5	14.9	0.5	*0.9	
Some college, no degree	26,179	89.9	0.5	24,977	89.3	0.6	72.9	0.7	20.9	0.7	19.3	0.7	10.1	0.5	10.7	0.6	0.5	
Associate's degree	17,683	91.7	0.6	17,735	91.7	0.6	79.1	0.9	16.2	0.7	15.8	0.7	8.3	0.6	9.0	0.6	0.8	
Bachelor's degree	38,441	94.4	0.4	39,255	93.8	0.3	87.6	0.5	9.0	0.4	8.5	0.4	5.6	0.4	6.2	0.3	*0.7	
Graduate or professional degree	21,890	97.3	0.3	22,514	96.6	0.4	93.2	0.5	6.0	0.5	5.7	0.4	2.7	0.3	3.4	0.4	*0.7	

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

¹ Details may not sum to totals because of rounding.

² A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

³ Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

⁴ Public health insurance includes Medicare, Medicaid, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁵ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

⁶ The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

⁷ The combined category "married" includes three individual categories: "married, civilian spouse present"; "married, U.S. armed forces spouse present"; and "married, spouse absent."

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

marital status group, at 91.7 percent. People who were separated were the least likely to be insured (80.1 percent) (Table 3). In 2018, 84.0 percent of people who were never married, 86.3 percent of people who were widowed, and 87.0 percent of people who were divorced were covered by health insurance.²⁴

Between 2017 and 2018, coverage decreased for married adults (by 0.7 percentage points) and for people who were never married (by 0.8 percentage points).²⁵ None of the remaining marital status groups had a statistically significant change in their rate of overall coverage during this time.

Health insurance coverage is also related to the highest level of education attained: people with higher levels of educational attainment are more likely to have health insurance coverage than people with less education. In 2018, 96.6 percent of the population aged 26 to 64 with a graduate or professional degree had health insurance coverage, compared with 93.8 percent of the population with a bachelor's degree, 85.1 percent of high school graduates, and 71.0 percent of the population with no high school diploma (Table 3).²⁶

Between 2017 and 2018, four educational attainment groups experienced a decrease in their overall coverage rate: people with no high school diploma (2.2 percentage points), high school graduates (0.9 percentage points), people with a bachelor's degree (0.7 percentage points), and people with a graduate or professional degree (0.7 percentage

points).²⁷ For high school graduates, this change was mainly driven by a 1.0 percentage-point decrease in private coverage to 64.3 percent. For the other three education categories with a decrease in overall coverage, neither private nor public coverage statistically changed between the two years.

Public coverage decreased by 1.5 percentage points to 19.3 percent for people with some college (no degree), but their overall coverage rate (89.3 percent) did not statistically change.²⁸

Health Insurance Coverage by Household Income and Income-to-Poverty Ratio

In 2018, people in households with lower income had lower health insurance coverage rates than people in households with higher income. In 2018, 86.2 percent of people in households with an annual income of less than \$25,000 had health insurance coverage, compared with 96.8 percent of people in households with income of \$150,000 or more (Table 4).²⁹

People in households with lower income also had lower rates of private coverage and higher rates of public coverage. For example, 24.7 percent of people in households with incomes below \$25,000, the lowest income category, had private coverage in 2018, compared with 91.2 percent of people with incomes of \$150,000 or more, the highest income category. Public coverage rates were 71.2 percent for the

lowest category and 12.4 percent for the highest.

These differences in private and public coverage varied more for lower income groups than for higher income groups. The private health insurance coverage rate for people in households in the second-lowest income category (household income of \$25,000 to \$49,999) was 23.2 percentage points higher than the rate for the lowest income category (below \$25,000). In contrast, the rate of private coverage for people in households with incomes in the highest income category (\$150,000 or more) was 4.3 percentage points higher than for the second-highest income category (between \$125,000 and \$149,999). For public coverage, these differences were 17.8 percentage points for the lowest two categories and 3.6 percentage points for the highest two, with the lower groups having higher coverage rates.

The overall percentage of people with health insurance coverage decreased between 2017 and 2018 for four income groups: people in households with income of \$50,000 to \$74,999 (1.1 percentage points), people in households with income of \$100,000 to \$124,999 (0.7 percentage points), people in households with income of \$125,000 to \$149,999 (1.3 percentage points), and people in households with income of \$150,000 or more (0.6 percentage points). These differences spanned from the middle to top of the income distribution and were not statistically different from one another.

Between 2017 and 2018, the percentage of people with private coverage decreased for four income groups across the income distribution. People in households with income of less than \$25,000 had a decrease of 1.5 percentage points to 24.7 percent. The private coverage rate for people in households with income of \$125,000 to \$149,999 decreased

²⁴ In 2018, the coverage rate of people who were widowed was not statistically different from the coverage rate of people who were divorced.

²⁵ The change in the overall coverage rate for married adults was not statistically different from the change in the overall coverage rate for those who were never married.

²⁶ Educational attainment groups are defined based on the highest level of schooling an individual has attained.

²⁷ The change in overall coverage for people with no high school diploma was significantly different from the change in overall coverage for people with a bachelor's degree. The other decreases were not statistically different from one another.

²⁸ While overall coverage and private coverage did not statistically change for people with some college (no degree), their direct-purchase coverage and Medicaid coverage rates decreased and their employment-based coverage rate increased.

²⁹ The 2017 income estimates are inflation-adjusted and presented in 2018 dollars.

Table 4. Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2017 and 2018

(Numbers in thousands. Margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																					
	2017		2018		Change (2018 less 2017) ^{1,*}		Any health insurance ³				Public health insurance ⁴				Uninsured ⁵							
	2017		2018		Change (2018 less 2017) ^{1,*}		2017		2018		Change (2018 less 2017) ^{1,*}		2017		2018		Change (2018 less 2017) ^{1,*}					
	Number	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)	Per- cent	Margin of error ² (±)			
Total	322,490	92.1	0.2	91.5	0.2	-0.5	67.7	0.3	67.3	0.4	-0.4	34.8	0.3	34.4	0.3	-0.4	7.9	0.2	8.5	0.2	*0.5	
Household Income																						
Less than \$25,000	45,388	86.7	0.6	86.2	0.6	-0.5	26.2	0.7	24.7	0.8	-1.5	70.8	0.8	71.2	0.7	0.4	13.3	0.6	13.8	0.6	0.5	0.5
\$25,000 to \$49,999	61,072	87.8	0.5	87.7	0.5	-0.1	47.9	0.8	47.9	0.8	Z	53.8	0.7	53.4	0.8	-0.4	12.2	0.5	12.3	0.5	0.1	0.1
\$50,000 to \$74,999	53,665	90.3	0.5	89.3	0.5	*-1.1	67.2	0.8	65.9	0.8	*-1.2	34.6	0.7	35.9	0.8	*1.3	9.7	0.5	10.7	0.5	*1.1	*1.1
\$75,000 to \$99,999	43,645	93.4	0.5	92.9	0.5	-0.5	79.0	0.8	78.5	0.8	-0.5	25.1	0.8	24.5	0.8	-0.6	6.6	0.5	7.1	0.5	0.5	0.5
\$100,000 to \$124,999	32,895	95.1	0.5	94.4	0.5	*-0.7	85.2	0.8	84.2	0.8	-1.0	19.0	0.8	19.0	0.8	-0.1	4.9	0.5	5.6	0.5	*0.7	*0.7
\$125,000 to \$149,999	22,674	96.4	0.5	95.1	0.6	*-1.3	88.9	0.8	86.9	0.9	*-1.9	15.6	0.9	16.0	0.8	0.4	3.6	0.5	4.9	0.6	*1.3	*1.3
\$150,000 or more	63,151	97.4	0.2	96.8	0.3	*-0.6	92.4	0.4	91.2	0.4	*-1.2	12.4	0.5	12.4	0.5	Z	2.6	0.2	3.2	0.3	*0.6	*0.6
Income-to-Poverty Ratio																						
Total, poverty universe ..	321,907	92.1	0.2	91.5	0.2	*-0.5	67.7	0.3	67.3	0.4	-0.4	34.7	0.3	34.3	0.3	*-0.4	7.9	0.2	8.5	0.2	*0.5	*0.5
Below 100 percent of poverty	39,431	84.1	0.7	83.7	0.6	-0.4	22.8	0.8	22.0	0.8	-0.8	66.8	1.0	66.8	0.9	Z	15.9	0.7	16.3	0.6	0.4	0.4
Below 138 percent of poverty	60,694	84.8	0.6	84.4	0.6	-0.4	25.7	0.7	24.7	0.7	*-1.0	65.7	0.8	65.8	0.7	0.1	15.2	0.6	15.6	0.6	0.4	0.4
Between 100 to 199 percent of poverty	55,850	87.0	0.6	86.4	0.6	-0.6	42.3	0.8	41.6	0.9	-0.8	55.0	0.8	54.4	0.8	-0.6	13.0	0.6	13.6	0.6	0.6	0.6
Between 200 to 299 percent of poverty	50,666	89.3	0.5	89.2	0.5	-0.1	63.5	0.9	64.4	0.8	0.9	37.3	0.8	36.2	0.8	-1.1	10.7	0.5	10.8	0.5	0.1	0.1
Between 300 to 399 percent of poverty	42,721	92.9	0.5	91.9	0.4	*-1.0	76.4	0.8	75.1	0.8	*-1.3	27.2	0.7	27.7	0.7	0.5	7.1	0.5	8.1	0.4	*1.0	*1.0
At or above 400 percent of poverty	135,239	97.3	0.2	96.6	0.2	*-0.8	90.5	0.2	89.2	0.3	*-1.3	18.1	0.3	18.5	0.3	0.4	2.7	0.2	3.4	0.2	*0.8	*0.8

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

¹ Details may not sum to totals because of rounding.

² A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

³ Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

⁴ Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

⁵ Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

by 1.9 percentage points to 86.9 percent. People in households with income at or above \$150,000 had a decrease of 1.2 percentage points to 91.2 percent. People in households with income of \$50,000 to \$74,999 had a 1.2 percentage-point decrease in private coverage to 65.9 percent, but also a 1.3 percentage-point increase in public coverage. The percentage of people with public

coverage did not change for any other income group.³⁰

³⁰ The change in private coverage for people in households with income of less than \$25,000 was not statistically different from the change for people in households with income of \$50,000 to \$74,999, income of \$125,000 to \$149,999, and income at or above \$150,000.

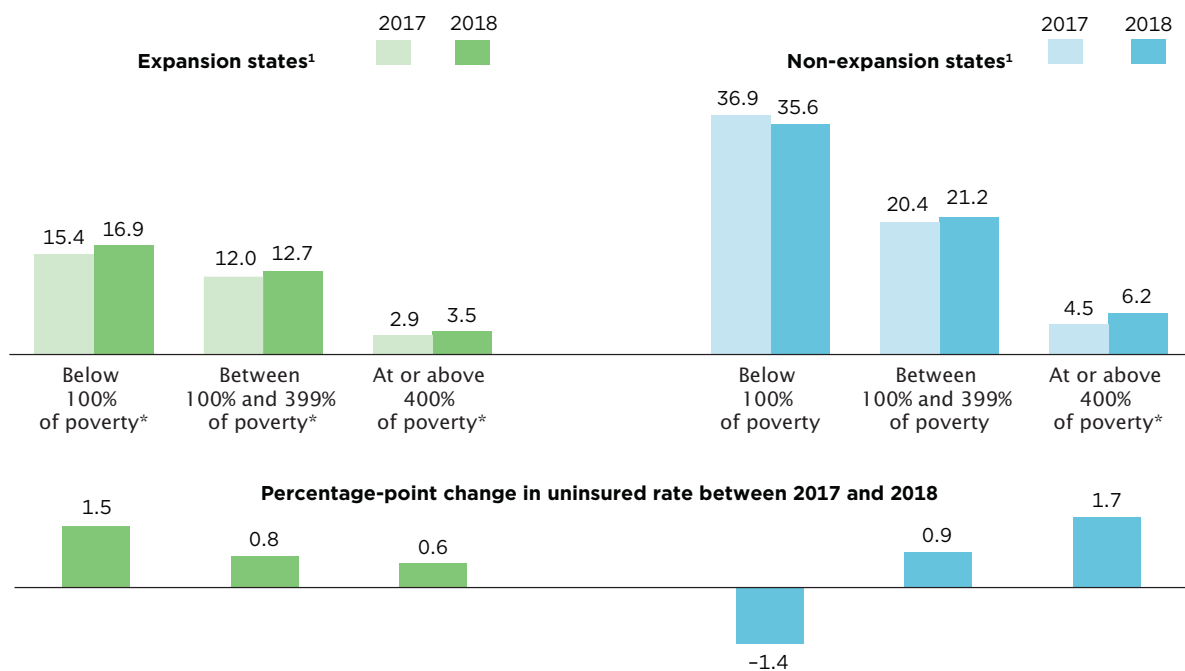
The change in private coverage for people in households with income of \$50,000 to \$74,999 was not statistically different from the change for people in households with income of \$125,000 to \$149,999 and income at or above \$150,000.

The change in private coverage for people in households with income of \$125,000 to \$149,999 was not statistically different from the change for people in households with income at or above \$150,000.

Another way to consider economic resources is to look at coverage by the income-to-poverty ratio. People in families are classified as being in poverty if their family income is less than their poverty threshold.³¹ People who live alone or with nonrelatives have a poverty status that is defined

³¹ The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report *Income and Poverty in the United States: 2018* provides a more detailed description of how the Census Bureau calculates poverty; see <www.census.gov/content/dam/Census/library/publications/2018/demo/p60-266.pdf>.

Figure 6. **Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2017 to 2018**
(Civilian noninstitutionalized population)



* Denotes a statistically significant difference at the 90 percent level.

¹ Medicaid expansion status as of January 1, 2018. For a list of expansion and non-expansion states, see Table 6: Number and Percentage of People Without Health Insurance Coverage by State: 2017 to 2018.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <<https://www2.census.gov/programs-surveys/cps/techdocs/cps/cpsmar19.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.